



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/521,422
Filing Date: September 23, 2005
Applicant: Alistair Royse et al.
Group Art Unit: 3761
Examiner: not yet assigned
Title: Surgical Clamps
Attorney Docket: 3029-086/NP

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CORRECTED OFFICIAL FILING RECEIPT

Sir:

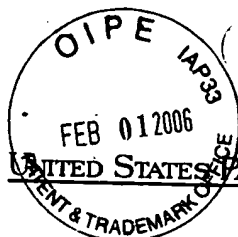
We acknowledge receipt of the Official Filing Receipt (marked up copy enclosed) for the above-identified application. However, the first inventor's name is listed incorrectly. The inventor's name should correctly read --Alistair Royse--. Accordingly, would you please correct your records and issue a corrected filing receipt.

Respectfully submitted,

David P. Utykanski
Reg. No. 39,052
Attorney for Applicants

HARNESS, DICKEY & PIERCE, P.L.C.
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Date: February 1, 2006
DPU/srh



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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/521,422	09/23/2005	3761	1030	3029-086/NP	3	16	3

27572
HARNESS, DICKEY & PIERCE, P.L.C.
P.O. BOX 828
BLOOMFIELD HILLS, MI 48303

CONFIRMATION NO. 2094

FILING RECEIPT



OC000000017885784

Date Mailed: 01/25/2006

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please mail to the Commissioner for Patents P.O. Box 1450 Alexandria Va 22313-1450. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

Applicant(s)

slb "Royse"
Alistair Royce, Victoria, AUSTRALIA;
Brett Hamilton, Victoria, AUSTRALIA;
David Berry, Victoria, AUSTRALIA;
Michael Kerr, Victoria, AUSTRALIA;

Assignment For Published Patent Application

Research Surgical Pty Ltd., Greensborough Victoria, AUSTRALIA

Power of Attorney: The patent practitioners associated with Customer Number 27572.

Domestic Priority data as claimed by applicant

This application is a 371 of PCT/AU02/00996 07/26/2002

Foreign Applications

AUSTRALIA PR 6689 07/31/2001
AUSTRALIA PR 9844 01/07/2002

Projected Publication Date: 05/04/2006

Non-Publication Request: No

Early Publication Request: No

Title

Surgical clamps

Preliminary Class

604

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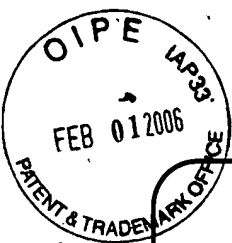
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02.02-06

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	10/521,422		
	Filing Date	September 23, 2005	
	First Named Inventor	Alistair Royse	
	Art Unit	3761	
	Examiner Name	not yet assigned	
Total Number of Pages in This Submission		Attorney Docket Number	3029-086/NP

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Corrected Official Filing Receipt; Marked up Copy of Official Filing Receipt; and Return Receipt Postcard
Remarks The Commissioner is hereby authorized to charge any additional fees that may be required under 37 CFR 1.16 or 1.17 to Deposit Account No. 08-0750. A duplicate copy of this sheet is enclosed.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Harness, Dickey & Pierce, P.L.C.	Attorney Name	David P. Utykanski	Reg. No.	39,052
Signature					
Date	February 1, 2006				

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Typed or printed name	David P. Utykanski	Express Mail Label No.	EV 717 344 049 US (2/1/2006)
Signature		Date	February 1, 2006

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